

Training & Longevity Supplement Application

APPLICANT: Complete Section 1 (Candidate Information) and Section 2 (Program Information).

(For Office Use Only) Banner ID #

1. CANDIDATE (PAYEE) INFORMATION (Please Print) :

Full Name (first, middle, and last) _____

Home Address Street Number _____

City _____ County _____ Zip Code _____

Home Phone Number: _____ Date of Birth ____/____/____

Provider's Social Security Number: _____ - _____ - _____ (Bonus monies must be reported as income to the IRS.)

2. PROGRAM INFORMATION:

Child care program you are currently employed in:

Program Name _____

Program Address Street Number _____

City _____ County _____ Zip Code _____

Program Owner/Supervisor _____ Program Phone # _____

POSITION YOU CURRENTLY HOLD: (check one)

____ Licensed Family Provider: # of *unrelated* children you care for: _____

____ Licensed Center Teacher / Caregiver

____ Licensed Center Director

____ Other: _____

How many hours per week do you work in this position? _____

What date did you start your current, continuous employment in this licensed position / program? ____/____/____

Please note: In order to be eligible for a Training & Longevity Supplement, you must be currently employed, *at the time you receive your wage supplement*, working at least 20 hours per week with children ages birth through preschool or at least 10 hours per week working with children ages kindergarten through grade 6 in an eligible program, and you must have been continuously employed in that capacity for at least the past 12 months in the same program.

Documentation Attached: (The following documentation *must* accompany your application or it will be returned to you.)

____ A copy of the current state child care license of the program you are employed in.

____ A copy of your highest level of Career Ladder Certification.

Please submit completed application *and accompanying documentation* to:
Allow approximately 8 weeks for the processing of your application.

CCPDI
9690 South 300 West
Sandy, Utah 84070

3. DO NOT COMPLETE THIS SECTION. For CCPDI office use only.

Certificate / Invoice # _____ Description: TLS Amount \$ _____ Index # 21066 Account # 73560

Submitted and Approved by _____ Date ____/____/____